



## CERT REGISTRATION FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTY: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DOB: \_\_\_\_\_ SOCIAL SECURITY # XXX-XX- BLOOD TYPE: \_\_\_\_\_

### SCHOOL/EMPLOYER

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### SPECIAL SKILLS

☐ EMT ☐ CPR ☐ FIRE ☐ NURSE ☐ OTHER \_\_\_\_\_

FEMA ID # \_\_\_\_\_ LANGUAGE(S) SPOKEN \_\_\_\_\_

Once you have completed the registration form, please send to following email below:

Erik Boettcher  
Paramus CERT Coordinator  
[paramuscert@gmail.com](mailto:paramuscert@gmail.com)